

Presented to the DoD/VA

2010 Joint Venture Conference

October 26, 2010

All data as of October 1, 2010

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Session Objectives



- Upon completion of the presentation, participants will:
 - Have a basic knowledge of the DoD/VA Stakeholders
 - Have a basic knowledge of the current DoD/VA health data sharing initiatives
 - Gain an understanding of how providers currently access health data through the Departments' electronic health records
 - Discover factors influencing the need to broaden data sharing initiatives to include private sector and other agency providers



DoD/VA Data Sharing Stakeholders



- Executive Branch
- Congress
- Office of Management and Budge
- Government Accountability Office
- Military Services
- Providers
- Beneficiaries





Military Health System (MHS)



- Over 9.6 Million Beneficiaries
 - 42% active duty, 58% retirees and dependents
- Direct Care:
 - Over 720 fixed medical and dental facilities
- Purchased Care:
 - TRICARE: Over 300,000
 Network Providers
 - Civilian Providers: Nearly 300,000 accept TRICARE







MHS Electronic Health Record (EHR) Footprint (Sustaining Base)



Supporting <u>transient</u> patient populations and <u>transient</u> health care teams

- AHLTA Worldwide
 - Covers Every Time Zone
 - 9.6 Million Beneficiaries
 - 156 Million Outpatient Encounte
 - 144,000 Additional Encounters/I
 - 77,000 Active Users
 - The White House Medical Unit
- MHS Inpatient Solution
 - 41 Sites (over 77% of DoD Inpatient Beds)
 - Continued Deployment in FY 2011







MHS EHR Footprint (Theater)



- Operation Enduring
 Freedom/ Operation Iraqi
 Freedom
 - 3.6 Million Outpatient and 51,000 Inpatient Clinical Encounters captured electronically
 - 8.6 Million Orders for Ancillary Services (inpatient and outpatient laboratory, radiology, and pharmacy)
 - Iraq, Qatar, Kuwait, Afghanistan
 - EHR capability on board ships







Veterans Health Administration



- Over 7.7 Million Enrollees
 - Increase of over 105 percent since 1995 (2.5 million enrollee
- Over 5.5 Million Patients
 - Older, sicker, and poorer patien populations
- Over 1,500 Direct Care Sites
 - 153 Medical Centers/Hospitals
 - 956 Clinics (hospital, communit based, and independent)
 - 232 Counseling Centers
 - 134 Nursing Homes



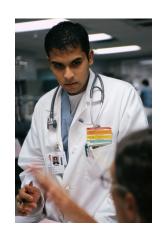


Veterans Health Administration

(continued)



- Over 86,000 Health Care Providers
 - 15,000 Physicians
 - 38,000 Nurses
 - 33,000 Allied Health Professionals
 - 10,000 *fewer* employees than 1995
- Affiliations with 107 Academic Health Systems
 - 25,000 affiliated physicians, 35,000 residents and fellows
 - 90,000 trainees in all disciplines
 - Nearly half of all US health professionals (over 65% of physicians) have had some training in a VA facility
- \$1.7 Billion in Research (Rehabilitation, Health Services, Clinical, and Basic)







Motivations for Sharing Data



Close proximity or co-located facilitie

Joint venture sites/local sharing agreeme

- Reserve/Guard medical care
 - Care in VA post-demobilization
 - Care in MHS when remobilized
- Service members post-separation
 - Continuity of care
 - Determination of benefits







Point of Separation



300 million messages (DoD to VA) on 5.3 million retired or discharged Service members

- Lab results
- Radiology reports
- Outpatient Rx data
- Allergy information
- Discharge summaries
- Consult reports

- Admission/discharge/ transfer information
- Standard ambulatory data record elements
- Demographic data
- Pre-/post-deployment health assessments
- Post-deployment health reassessments*



*Transmitted weekly for individuals referred to VA for care or evaluation



Shared Patients



Supports care for more than 3.8 million patients to date

DoD providers access VA data through AHLTA VA providers access
DoD data through
*VistA CPRS or
VistAWeb

Specialists in VBA access DoD data through *CAPRI

- Allergies
- Outpatient pharmacy
- Demographics
- Inpatient and outpatient lab results
- Radiology reports
- Ambulatory encounter note
- Procedures
- Problem lists

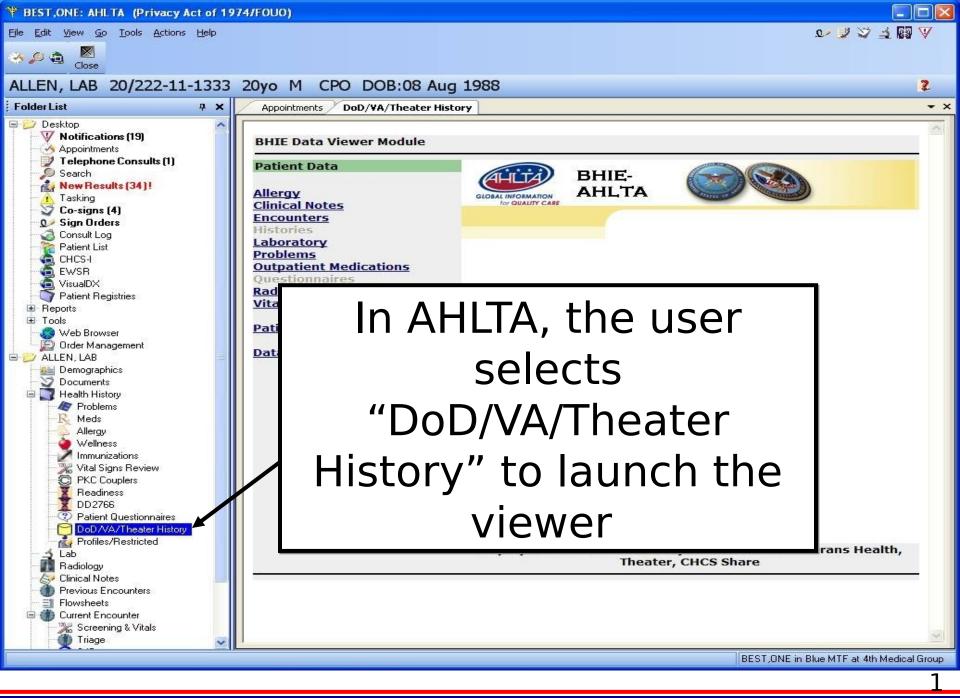
- Inpatient notes (from DoD Essentris sites)
- Theater clinical data
- Vital signs
- Family history, social history, other history
- Questionnaires

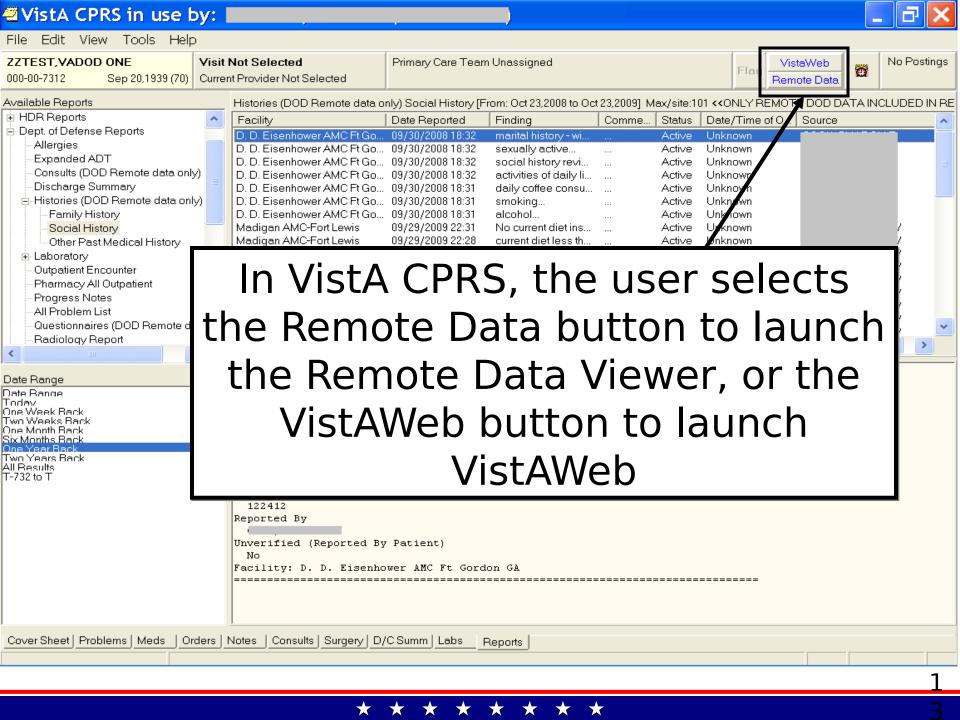


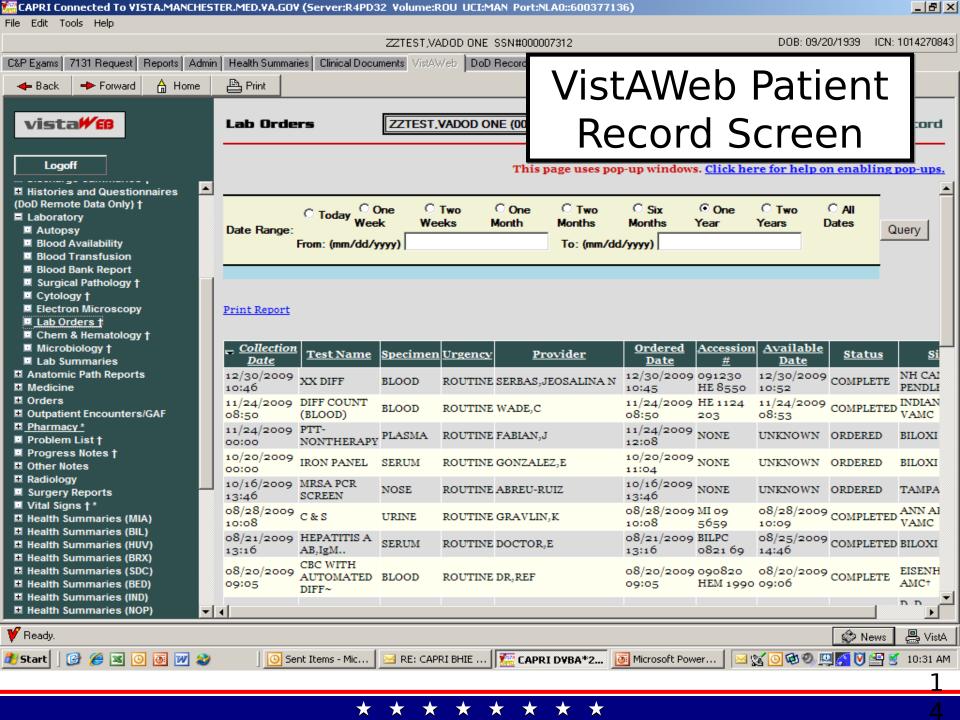


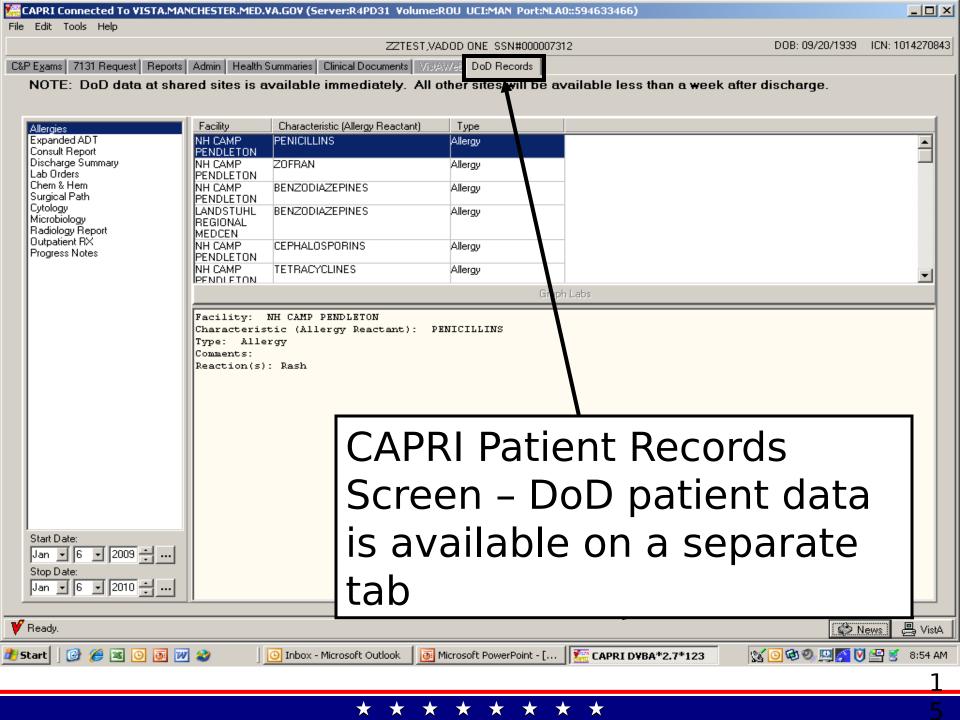


- * VistA Veterans Health Information Systems and Technology Architecture
- * CPRS Computerized Veterans Health System
 - CAPRI Compensation and Pension Record Interchange











Computable Data



 Supports interoperability between DoD's Clinical Data Repository (CDR) and VA's Health Data Repository (HDR)

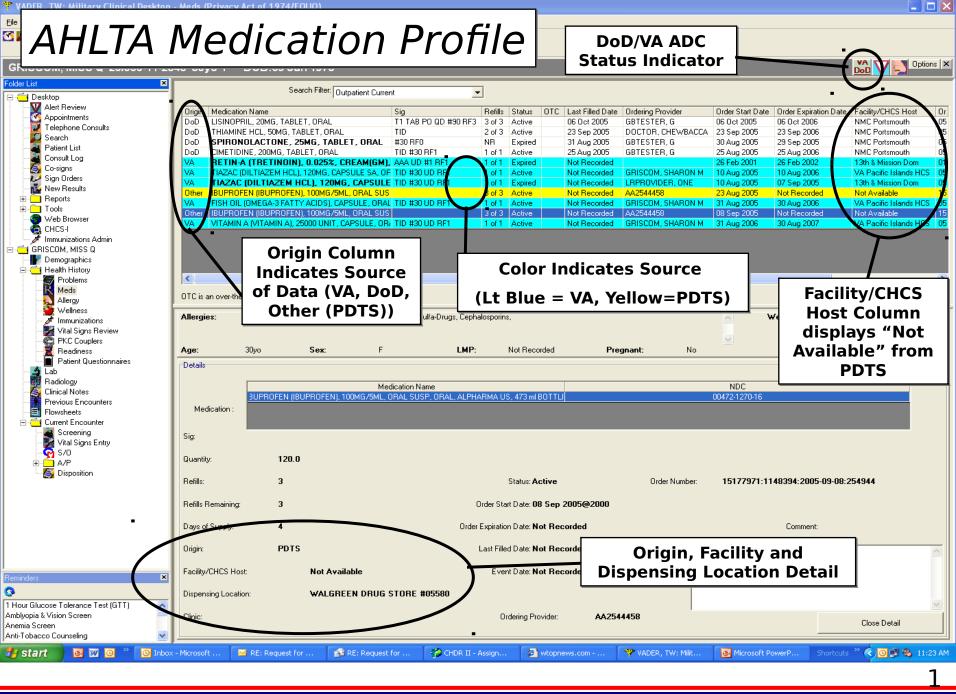


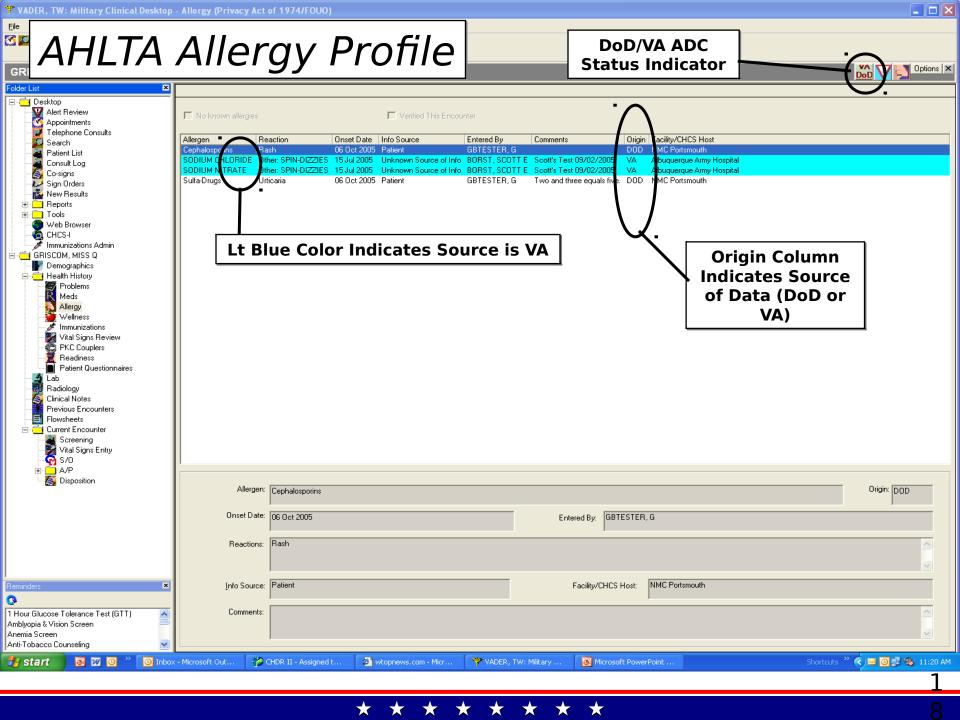
- Computable data supports real time drug-drug and drug-allergy checks using data from both DoD and VA
 - For shared patients set as "active dual consumers," data is seen enterprise-wide

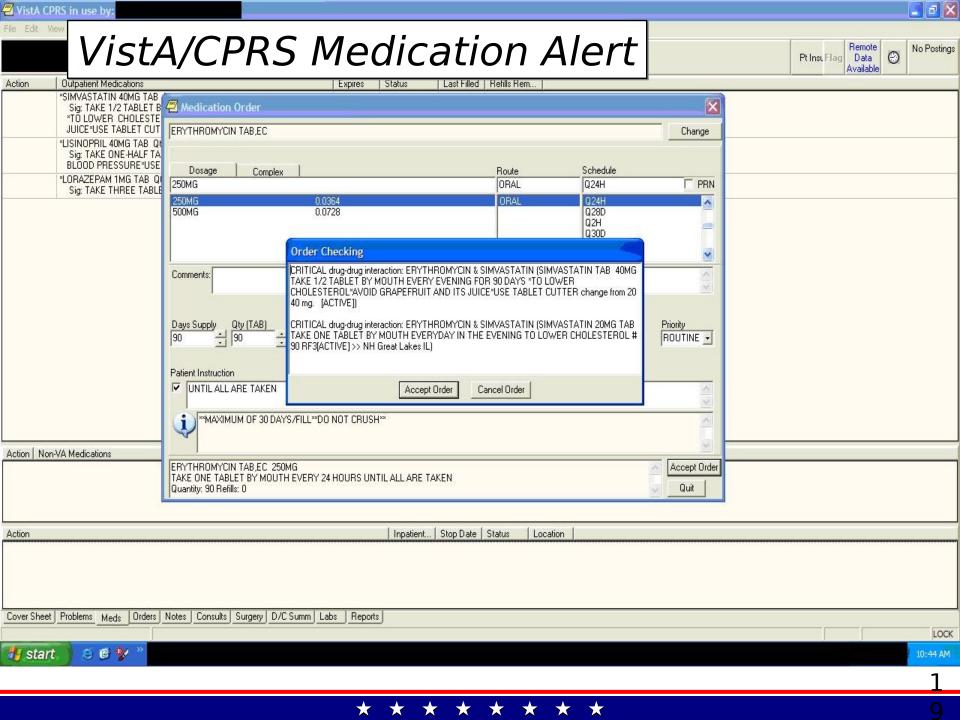














Wounded Warrior Image Transfer



Digital radiology images and scanned medical records for severely wounded warriors sent from DoD to VA when the decision is made to transfer the patient (inpatient to inpatient)



- Walter Reed Army Medical Center
- National Naval Medical Center
- Brooke Army Medical Center

Data push at time of ____referral







- Images for more than 310 patients
- Scanned records for more than 390 patients



- Tampa Polytrauma Center
- Palo Alto Polytrauma Center
- Minneapolis Polytrauma Center
- Richmond

2



Image Sharing - Pilot Project



- El Paso imaging demonstration project
 - Radiology images shared between a limited number of DoD and VA facilities and users in a specified geographic region
 - Lessons learned and technology components will be leveraged for enterprise-wide image sharing





Image Sharing - Future Capability



- DoD Health Artifact and Image Management Solution (HAIMS)
 - Web-based solution
 - Key capabilities: Import, view, manage, edit, register, store
 - Successfully demonstrated initial capability to share scanned artifacts with VA, in a test environment, in September 2009
 - DoD Limited User Testing began
 December 2009 at the first site







HAIMS Limited User Test Sites



Army

- Madigan
 - Large
- Ft. Irwin
 - Medium
- Bassett
 - Small

Navy

- Balboa
 - Large
- 29 Palms
 - Medium
- Pendleton
 - Small

Air Force

- Andrews
 - $^{\circ} \quad \text{Large}$
- Patrick
 - Medium
- Bolling
 - Small

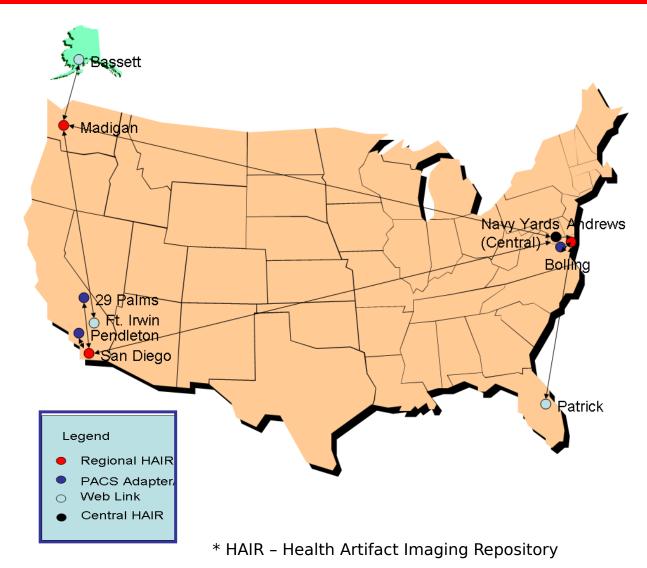




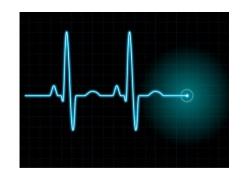
Image Sharing – Future Capability (continued)



- DoD Health Artifact and Image Management Solution (HAIMS)
 - Global awareness of and global access to artifacts and images, including:
 - Scanned documents
 - Digital radiographs (X-rays, CTs, MRIs, mammography, and sonograms)
 - Clinical photographs (endoscopy, laparoscopy, retinal scans, and anatomic pathology)
 - Video
 - Cardiographic EKGs and echocardiographs









National Defense Authorization Act (NDAA) FY 2008, Section 1635

- Required DoD and VA to "develop and implement electronic health record (EHR) systems or capabilities that allo for full interoperability of personal health care information by September 30, 2009"
- DoD/VA Interagency Clinical Information
 Board (ICIB) identified high-level
 interoperability objectives
 - Expand DoD Essentris (inpatient documentation system) sites
 - Demonstrate the operation of Multipurpose
 Partnership Gateways



NDAA FY 2008, Section 1635



(continued)

- Share DoD social history data with VA
- Demonstrate initial capability for DoD to scan medical documents and share with VA
- Share DoD periodic health assessment data with VA
- Share DoD separation physical examination with VA











- Expand inpatient documentation sharing
 - Continue DoD Essentris deployments in FY 2011
 - Increasing access to DoD inpatient documentation to 90% of total DoD inpatient beds by September 2011
- Migration of data traffic to the new multipurpose network gateways (completed September 30, 2010)







What's Next? (continued)



- Continue to expand the document scanning and image sharing capability
 - DoD HAIMS deployment to additional Limited User Testing sites in FY 2011
 - DoD and VA schedule for completing implementation of this capability
- Improve usability and other enhancements as defined by functional users
- ICIB objectives for FY 2011 and beyond







Federal Health Care Center North Chicago



February 1, 2009 – Baseline functional requirements:

- Build a Single Patient Registration process
- Create Medical Single Sign-On with Patient Context Management
 - Initial Release for Clinical users
 - Follow-up work on administrative users
- Develop first phase of Single Order Entry process (orders portability) for Pharmacy, Laboratory, Radiology, and Consults

PROUD TO PARTNER







A Look to the Future



- DoD and VA currently share significant and unprecedented amounts of health data
- More than half of DoD and VA health care comes from private sector providers
- DoD and VA need access to private sector health documentation to create a true lifetime electronic health care record



A Week in the MHS



- 21,800 Inpatient Admissions
 - 5,000 direct care
 - 16,800 purchased care
- 1.6 Million Outpatient Visits
 - 737,000 direct care
 - 876,400 purchased care
- 103,000 Dental Visits
 - Direct care only
- 3.5 Million Claims
 Processed

2.48 Million Prescriptions

- 914,000 direct care
- 1.37 million retail pharmacies
- 200,000 mail order
- 2,380 Births
 - 1,010 direct care
 - 1,370 purchased care





Average Monthly Purchased Care in VA



- In FY 2009, VA processed a total of 1.7 million purchased line items for non-VA medical care with the following monthly averages:
 - 234 unique patients for pharmacy
 - 11,051 unique patients for inpatient admissions
 - 72,659 unique patients for outpatient visits
 - 3,885 unique patients for dental visits
 - 213 unique patients for child birth delivery













American Recovery and Reinvestment Act (ARRA) of 2009

- In December 2009, HHS Secretary Sebelius announced plans to establish health IT "Beacon Communities"
 - \$235 million set aside funded the nationwide Beacon Community Program
 - Communities chosen are at the cutting edge of electronic health record (EHR) adoption and health information exchange
- If contacted by a Beacon Community wanting to partner, Military Treatment Facility (MTF) should work through Service CIOs
- Need to ensure initiatives are in-line with enterprise initiatives



Future State - Where Are We Going?



 On April 9, 2009, President Obama directed DoD and VA to create a Virtual Lifetime Electronic Record (VLER) that:

"will ultimately contain administrative and medical information from the day an individual enters military service throughout their military career and after they leave the military."



Source: Washington Post, April 9, 2009

-President Barack Obama



Future State (continued)







- The goal of VLER is to provide seamless access to electronic records for Service members and Veterans through a single portal.
 - No one should experience delays in access to services they earned while serving their country because of red tape and paperwork.
- Success is dependent on the existence of an electronic health record capability in each participating organization. While VLER builds on that capability, the capability is separately developed and funded.



Service Member Health Care Life-Cycle







Recruitment



Accession/Trai



Routine Care



Transition & Benefits Assessment

Care at home/Post-





Care in



Readiness/ Pre-Deploymen



Deployed/Theater

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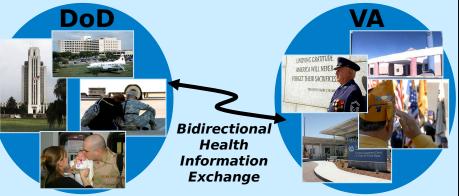


Transition to Future State



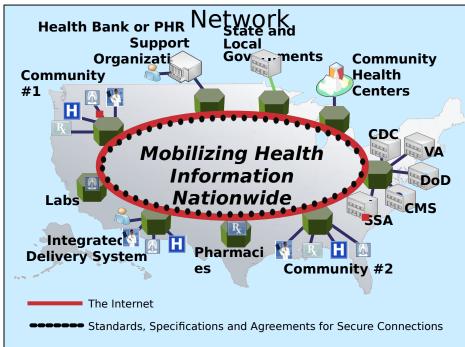
Current DoD/VA Health Information Exchange

Historical data from 1989 forward, live data flow as of 2002, bidirectional data flow as of 2004, all DoD and VA medical facilities as of July 2007



- Health data on more than 5.3 million Service members
- 3.8 million correlated patients
- 83.1 million lab results
- 13.5 million radiology reports
- 85.5 million pharmacy records
- 99.0 million standard ambulatory data records
- 4.2 million consultation reports
- 2.8 million deployment-related health assessments on more than 1.2 million individuals

Planned Nationwide Health Information



Legend:

CDC - Centers for Disease Control & Prevention

CMS - Centers for Medicare & Medicaid Services

PHR - Personal Health Record

SSA - Social Security Administration

(As of September 30, 2010)



VLER Health Phase 1



Leverages the Nationwide Health Information Network to improve health data sharing between the DoD, VA and network care

Segment 1a Initial Pilot

January 31, 2010

- Health Data
- -- HITSP* C32 subset
 - Patient information
 - Emergency Information
 - Allergies
 - Problems
 - Active Medications
 - Source of Sending System
- Pilot Partners: VA and Kaiser Permanente in San Diego, Ca.

Completed

GoalPilot Every 6 Months

- Securely share data with the VA, private sector and other health information exchange partners
- Begin HITSP-based definition for DoD/VA unique data sets
- Expand health data exchange sets

Segment 1bi Production Pilot

September 15, 2010

- Health Data
- -- HITSP C32 subset from 1a
 - Personal information
 - Emergency Contact
 - Allergies
 - Problem List
 - Medications
 - Source of Sending System
- + Hematology Lab Results
- Pilot Partners: VA and MedVirginia

Completed

* HITSP: The American National Standards Institutes (ANSI) Health Information Technology Standards Panel, which develops national specifications for interoperable electronic health records.



VLER Health Phase 1 - Next Steps



Tidewater (Current Pilot) and Beyond

By September 15, 2010

- Health Record Data
 - HITSP* C32 subset (from San Diego Pilot)
 - Hematology
- Naval Medical Center Portsmouth, VA Hampton Roads Medical Center, MedVirginia (data from Bon Secours hospitals in Richmond)

Before January 31, 2011

- Add Fort Eustis and Langley Air Force Base MTFs
- Deploy Tidewater capability to San Diego
- Continue development of future health data sets
- Continue use of Nationwide Health Information Network for HIE*

By January 31, 2011

- Additional sites (Washington State Fairchild Air Force Base)
- Add Chemistry Lab Results
- Continue use of Nationwide Health Information Network for HIE

Future
Phases
Production
& Pilots